

State of California  
**Department of Health Services**

August 27, 2003

CHDP Program Letter No.: 03-17

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL  
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)  
BRANCH STAFF, AND REGIONAL OFFICE STAFF

SUBJECT: SAMPLE SCRIPT FOR ASSISTANCE AND INFORMING CHILDREN  
PRE-ENROLLED INTO TEMPORARY FEE-FOR-SERVICE MEDI-CAL  
THROUGH THE CHDP GATEWAY

Eligible children are being enrolled in temporary Fee-for-Service Medi-Cal through the CHDP Gateway. Enclosed is a sample script that may be of use in developing procedures locally to provide application assistance and basic informing for these children and their families.

Local programs are informed of the families requesting a joint Healthy Families/Medi-Cal mail in application through the weekly CHDP Gateway Program Joint Application Requests Detail Report. CHDP local programs have varying capacities to assist and offer assistance to families requesting an application. For local programs with resources, the script may be a way of assuring assistance and informing children and their families with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program benefits.

The idea for the script was developed following consultation with the Centers for Medicare and Medicaid Services (CMS). Federal CMS recommended consideration of the State of Texas Medicaid Program named Texas Health Steps, <http://www.tdh.state.tx.us/medicaid.htm>.

CHDP local program staff reviewed an earlier draft of this script and reported an overall positive response to its contents. The changes recommended by CHDP local staff have been incorporated into the document.



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

CHDP Program Letter No.: 03-17  
Page 2  
August 27, 2003

Thank you for your consistent participation in working for the best health of children in your communities.

If you have any questions, please contact your Regional Nursing Consultant.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosure

## Assistance and Informing for Fee for Service Gateway Medi-Cal

Eligible children are being enrolled in temporary Fee-for-Service Medi-Cal through the CHDP Gateway. The purpose of this sample script is to assure application assistance and basic informing for these children and their families.

Local programs are informed of families requesting a joint Healthy Families/Medi-Cal mail in application through a weekly CHDP Gateway Program Joint Application Requests Detail Report. Local program staff are encouraged to note the language spoken prior to initiating the phone call.

### Please Note:

Suggested content for leaving a message appears at the end of this script.

## Introduction

Hello, This is \_\_\_\_\_ (name) from the Child Health and Disability Prevention Program. Use words instead of abbreviation to focus on child health.

I am making routine follow-up calls to families who used our program recently.

Are you the parent/guardian of \_\_\_\_\_ (name of child)?

### If no:

What would be the best time for me to reach \_\_\_\_\_ (name of child's parent? or caretaker?)

or

Would you have \_\_\_\_\_ (name of child's parent or caretaker) call me between \_\_\_\_\_ (hours that you can be reached) at \_\_\_\_\_ (telephone number)

### If yes:

Proceed with **Gateway Knowledge** section.

## Gateway Knowledge

\_\_\_\_\_ (Child's name) had an exam with \_\_\_\_\_ (clinic/doctor name) \_\_\_\_\_ (give approximate date, for example, two weeks ago).

She/he now has temporary full scope Medi-Cal health insurance and can have dental, medical, mental health and other health services such as vision, hearing, and prescriptions through \_\_\_\_\_ (fill in date).

### Have you and your family used Medi-Cal before?

#### If no:

With temporary full-scope Medi-Cal, you can take \_\_\_\_\_ (child's name) to a Medi-Cal dentist or doctor with no charge

#### If yes:

Did you have full-scope Medi-Cal?

Medi-Cal dentist or doctor with no charge to you between now and \_\_\_\_\_ (fill in date).

This means that if she/he gets sick, you can make and keep an appointment with the doctor during this time and get prescription medicines if needed by using \_\_\_\_\_ (child's name) Medi-Cal identification number.

**If yes:**

With temporary full-scope Medi-Cal, which is what you have now, you can take \_\_\_\_\_ (child's name) to a Medi-Cal dentist or doctor with no charge to you between now and \_\_\_\_\_ (fill in date).

This means that if she/he gets sick, you can make and keep an appointment with the doctor during this time and get prescription medicines if needed by using \_\_\_\_\_ (child's name) Medi-Cal identification number.

**If no:**

Did you have Share-of-Cost Medi-Cal?

or

Did you have Emergency-Only Medi-Cal?

**If yes to either:**

While \_\_\_\_\_ (child's name) has temporary full-scope Medi-Cal, you will not have to pay any money for Medi-Cal covered health services and you do not have to be a member of a health plan.

\_\_\_\_\_ (Child's name) will be able to have any Medi-Cal or Denti-Cal services she/he needs without charge.

This means that if she/he gets sick, you can make and keep an appointment with the doctor during this time and get prescription medicines if needed by using \_\_\_\_\_ (child's name) Medi-Cal identification number.

In order to keep \_\_\_\_\_ (child's name) Medi-Cal or get Healthy Families health insurance, you will need to fill out and return the application that is coming to your house in the mail, before temporary Medi-Cal expires.

**Has the Medi-Cal/Healthy Families application come to you in the mail yet?**

**If no:**

This is the telephone number to call to get an application 1-888-747-1222. Calling the number is free.

**If yes:**

Go the next question -- "Have you completed your application?"

**Please Note :**

If you call the family within a week of their CHDP visit, the application may not have reached the family. The mailing takes approximately 7-10 days; so instructing the family to call for an application may be premature.

This may be an opportunity to provide the number(s) to your local Help Line and/or CHDP Program.

If you expect the family will not follow-up by calling for an application, suggest a 3-way call at the end of your conversation to help the family get an application.

**Have you completed your application?**

**If no:**

Would you like the name of someone to help you complete the application?

or

Here is the name of \_\_\_\_\_ who can help you complete your application.

Do you have a pencil or pen handy?

If the application is returned before the end of \_\_\_\_\_ (fill in date when temporary Medi-Cal ends), \_\_\_\_\_ (child's name) temporary Medi-Cal will be extended until Medi-Cal or Healthy Families eligibility is decided.

**If yes:**

Go to next question "Do you have any questions that have not been answered?"

**Please Note:**

Some other questions that may be useful if your program plans to use the information to assist the family:

How long ago did you complete the application?

When and where did you hand the application in or did you put it in the mail?

If the family has mailed the application, you may want to say:

"Great. \_\_\_\_\_ (child's name) will continue to have temporary full-scope Medi-Cal until Medi-Cal or Healthy Families eligibility is decided."

**Do you have any questions that have not been answered?**

**If yes:**

What are your questions about the application?

Would you like the name of someone to help you answer your questions?

or

I have someone who could help you answer your questions (Name and phone number)

**Please Note :**

This may be an opportunity to provide the number(s) to your local Help Line and/or CHDP Program.

**Please Note:**

In the event that a family has learned their child is not eligible, continue to explain their current benefits and provide resources for continuing coverage locally and assure the family that their child can continue to receive CHDP services for periodic checkups.

**Medi-Cal Identification and How to Use Services This Month and Next**

\_\_\_\_\_ (Child's name) is eligible for temporary full-scope Medi-Cal through \_\_\_\_\_ (fill in date).

**Did you get a piece of paper that had a Benefits Identification Card (BIC) / Medi-Cal identification number on it for \_\_\_\_\_ (child's name) when she/he child saw the doctor?** This may have been stapled to a pamphlet or brochure or another piece of paper.

**If no:**

You should be getting a plastic card that looks like a phone card or a credit card mailed to you in the next few days.

The name of the card is the Benefits Identification Card. Sometimes people call it the Medi-Cal card or BIC.

**If yes:**

You need to use this paper for any dental, medical, mental health and other health services such as vision, hearing, prescriptions that you may need for \_\_\_\_\_ (child's name) between now and \_\_\_\_\_ (fill in date).

When a plastic card called the Benefits Identification Card, or Medi-Cal card, or

You need to use this card for any dental and health services you may need for \_\_\_\_\_ (child's name) between now and \_\_\_\_\_ (fill in date).

If you don't have the piece of paper with \_\_\_\_\_ (child's name) on it, I am not sure if we will be able to help you, but we'll try. Where did \_\_\_\_\_ (child's name) see the doctor?

If doctor's name/location is known:

If \_\_\_\_\_ (child's name) BIC has not come to you in the mail yet, and you need to get Medi-Cal or Denti-Cal services for her/him, you can call \_\_\_\_\_ (name of doctor) and ask to pick up another copy of the paper the doctor had given you. It has your Medi-Cal Identification number on it.

Identification Card, or Medi-Cal card, or BIC comes to you through the mail in the next few days you should use the card instead of the paper copy.

This card looks like a phone card or a credit card.

If you have not received a BIC or Medi-Cal card in the mail you can use the piece of paper that has \_\_\_\_\_ (child's name) name and Medi-Cal identification number or BIC ID number on it.

**What did your doctor tell you about \_\_\_\_\_ (child's name) health?**

**Did you get a copy of the results of \_\_\_\_\_ (child's name) health exam?**

**If no:**

Did the doctor tell you that \_\_\_\_\_ (child's name) had any problem with their teeth? Needs to see a dentist? Any other health problems?

Did your doctor suggest \_\_\_\_\_ (child's name) see another doctor for special health problems?

Did your doctor ask to see \_\_\_\_\_ (child's name) again within the next few weeks?

If you would like a copy of the results of \_\_\_\_\_ (child's name) health exam, please call your doctor and ask for a copy.

**If yes:**

Did the doctor tell you that \_\_\_\_\_ (child's name) had any problem with their teeth? Needs to see a dentist? Any other health problems?

Did your doctor suggest \_\_\_\_\_ (child's name) see another doctor for special health problems?

Did your doctor ask to see \_\_\_\_\_ (child's name) again within the next few weeks?

If answers to the above questions are beyond the scope of the caller to provide assistance:

Someone from CHDP will call you to help you get the health and dental care \_\_\_\_\_ (child's name) needs.

<b>Finding Resources and Scheduling and Transportation Assistance</b>
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**Do you need help finding a dentist, a doctor, or special doctor?**

**If no:**

Great. If you need any help in the future,  
my telephone number is \_\_\_\_\_

**If yes:**

Provide assistance.

**Do you need help making an appointment?**

**If no:**

Great. If you need any help in the future,  
my telephone number is \_\_\_\_\_.

**If yes:**

Provide assistance.

**Do you have transportation available to get there?**

**If no:**

Provide assistance. These are some ways  
you might get help to get to your  
appointment.

**If yes:**

Great. If you need any help in the future,  
my telephone number is \_\_\_\_\_.

<b>Other Children in the Household</b>
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**Do other children live in your household that do not have Medi-Cal, Healthy Families, or other health insurance?**

**If no:**

Go to Conclusion.

**If yes:**

These children may also be able to get  
state-funded insurance. You can include  
any children not yet 19 years old on the  
Healthy Families/Medi-Cal Joint application  
(or name a specific local application).



## Have these children had recent health check-ups?

### Please Note:

There may be special situations where you find a newborn or infant living in the household. See the conclusion of the section for some other ideas.

#### If no:

Do you need help finding a dentist, a doctor, or special doctor? If yes, provide assistance.

Do you need help making an appointment? If yes, provide assistance.

Do you have transportation available to get there? If no, these are some ways you might get help to get to your appointment.

#### If yes:

Great!

Did the doctor tell you that \_\_\_\_\_ (child's name) had any problem with their teeth? Needs to see a dentist? Any other health problems?

Did your doctor suggest \_\_\_\_\_ (child's name) see another doctor for special health problems?

Did your doctor ask to see \_\_\_\_\_ (child's name) again within the next few weeks?

If answers to the above questions are beyond the scope of the caller to provide assistance:

Someone from CHDP will call you to help you get the health and dental care \_\_\_\_\_ (child's name) needs.

## Conclusion

Do you have any questions about what we talked about today?

- about getting the application completed or
- answering your questions about the application or
- getting dental, medical, mental health, and other health services such as vision, hearing, prescriptions for \_\_\_\_\_ (child's name) /children? or
- the date of \_\_\_\_\_ (child's name) /children's next CHDP check-up?

If you have any neighbors or friends you think would be interested in health insurance for their children under 19 years of age, you may have them call me.

Thank you very much for your time and for caring about the health of \_\_\_\_\_ (child's name) /children.

Again, my name is \_\_\_\_\_. Please call me at \_\_\_\_\_ if you have any dental or health questions. If I am not available please be sure to leave me your name and phone number and a time that I can reach you.

<b>Leaving a Message on a Message System</b>
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Hello

I am \_\_\_\_\_ (name and title or position of the caller) from the \_\_\_\_\_ (county/city) Child Health and Disability Prevention Program. Use words instead of abbreviation to focus on child health.

I would like to talk with you about your child's health.

Since we have not been able to talk today, I would like you to call me.

Again, my name is \_\_\_\_\_ and my phone number is \_\_\_\_\_.  
A good time to reach me is \_\_\_\_\_.

I will look forward to hearing from you. If I am not available when you call, please leave your name and phone number and a time that I can reach you.